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TO:

NAME:	FACSIMILE NO.	TELEPHONE NO.
Commissioner for Patents	571-273-8300	
Examiner Traci L. Smith GAU 3629		

FROM: Lisel M. Ferguson

RE: Application No. 10/777,546
Attorney Ref. 113255-01PA

CC:

MESSAGE:

Attached is:

- 1) Transmittal form; and
 - 2) Power of Attorney
- with certificate of transmission

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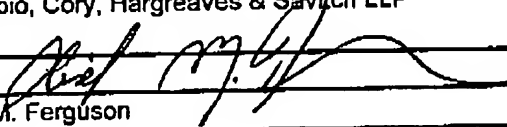
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/777,546
	Filing Date	02/12/2004
	First Named Inventor	Carol J. Hansen
	Art Unit	3629
	Examiner Name	Traci L. Smith
	Attorney Docket Number	113255-01PA1
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fees Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Procopio, Cory, Hargreaves & Savitch LLP		
Signature			
Printed name	Lisel M. Ferguson		
Date	4/3/06	Reg. No.	48,139

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Typed or printed name	Shari Herron	Date 4/3/06

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/777,646
Filing Date	February 12, 2004
First Named Inventor	Hansen, Carol J.
Title	Enterprise Employment Webservice...
Art Unit	3829
Examiner Name	Smith, Fred L.
Attorney Docket Number	113258-01PA1

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Practitioner(s) named below:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Carol J. Hansen</i>	Date	04/01/06
Name	Carol J. Hansen	Telephone	408-471-4354
Title and Company	<i>Director of Global IP Law</i>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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